

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

28221

☒ Please change the correspondence address for the patent applications/patents listed on the attached Statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

28221

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Lowenstein Sandler PC		
Address	65 Livingston Avenue		
City	Roseland	State	NJ Zip 07068
Country	US		
Telephone	973-597-2500	Email	rparadiso@lowenstein.com

I am the

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Roderic M.K. Dale</i>		
Name	Roderic M.K. Dale		
Date	Sept 4, 2007	Telephone	503-856-2056

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.